

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Estela Guerrero DDS as successor of Passaic Family Dental, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 84-3418318

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

218 Autumn Street 2nd Floor  
Passaic, NJ 07055

Number, Street, City, State & ZIP Code

Passaic  
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

218 Autumn Street Passaic, NJ 07055  
Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor  
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify:

Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC** Case number (if known)

Name

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

|          |       |      |       |             |       |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

|          |       |                       |       |
|----------|-------|-----------------------|-------|
| Debtor   | _____ | Relationship          | _____ |
| District | _____ | When                  | _____ |
|          |       | Case number, if known | _____ |

Debtor

**Estela Guerrero DDS as successor of Passaic Family**

Case number (if known)

**Dental, LLC**

Name

Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC** Case number (if known)

Name

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |
15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000                  | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input checked="" type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000           | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million         | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |
16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                     | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000               | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000              | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC** Case number (if known)  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 2, 2023**  
MM / DD / YYYY

**X /s/ Estela Guerrero**  
Signature of authorized representative of debtor  
  
Title **Sole member**

**Estela Guerrero**  
Printed name

**18. Signature of attorney**

**X /s/ Tomas Espinosa**  
Signature of attorney for debtor

Date **May 2, 2023**  
MM / DD / YYYY

**Tomas Espinosa 025691985**  
Printed name

**Tomas Espinosa, Esq.**  
Firm name

**8324 Kennedy Blvd.  
2nd Floor  
North Bergen, NJ 07047**  
Number, Street, City, State & ZIP Code

Contact phone **201.223.1803**

Email address **te@lawespinosa.com**

**025691985 NJ**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name Estela Guerrero DDS as successor of Passaic Family Dental, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 2, 2023

**X /s/ Estela Guerrero**

Signature of individual signing on behalf of debtor

**Estela Guerrero**

Printed name

**Sole member**

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **51,312.00**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **51,312.00**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **19,610.73**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **687,227.12**

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ **706,837.85**

**Fill in this information to identify the case:**

Debtor name **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

**2. Cash on hand**

**\$0.00**

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**  
 Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

|   |                 |             |                 |
|---|-----------------|-------------|-----------------|
| 3.1. <b>Chase JP Morgan Chase Bank NA</b> | <b>Checking</b> | <b>9788</b> | <b>\$987.00</b> |
|---|-----------------|-------------|-----------------|

**4. Other cash equivalents (Identify all)**

**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$987.00**

**Part 2: Deposits and Prepayments**

**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**



Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**  
Name

Case number (If known)

11a. 90 days old or less: 10,000.00 - 0.00 = .... \$10,000.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$10,000.00

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

|     | General description   | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|--|---|------------------------------------|
| 39. | <b>Office furniture</b><br><b>Used office furniture 6 chairs</b>  | <b>\$0.00</b>  | <b>N/A</b>                              | <b>\$200.00</b>                    |
|     | <b>Office chairs</b>  | <b>\$0.00</b>  |   | <b>\$500.00</b>                    |
| 40. | <b>Office fixtures</b>  |  |   |                                    |
| 41. | <b>Office equipment, including all computer equipment and communication systems equipment and software</b><br><b>1 TV</b><br><b>1 Printer</b><br><b>3 landline phones</b><br><b>2 Computers</b> | <b>\$0.00</b>  |   | <b>\$2,000.00</b>                  |

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**  
Name

Case number (If known)

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$2,700.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

1 Xray machine

1 Stand machine

1 Composite cure light

1 Sterilizer

1 bathroom mirror

1 Microwave

1 refrigerator

3 garbage cans

1 cast stone holder

1 Dentist chair

1 patient chair

1 extra oral machine

**\$0.00**

**\$37,625.00**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$37,625.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**  
Name

Case number *(If known)*

- ☐ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**  
Name

Case number (If known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property  | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. <b>Cash, cash equivalents, and financial assets.</b><br><i>Copy line 5, Part 1</i>                  | <b>\$987.00</b>                    |                                |
| 81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>  | <b>\$0.00</b>                      |                                |
| 82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>  | <b>\$10,000.00</b>                 |                                |
| 83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>  | <b>\$0.00</b>                      |                                |
| 84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>  | <b>\$0.00</b>                      |                                |
| 85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>                             | <b>\$0.00</b>                      |                                |
| 86. <b>Office furniture, fixtures, and equipment; and collectibles.</b><br><i>Copy line 43, Part 7.</i> | <b>\$2,700.00</b>                  |                                |
| 87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>                             | <b>\$37,625.00</b>                 |                                |
| 88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>  |                                    | <b>\$0.00</b>                  |
| 89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>                         | <b>\$0.00</b>                      |                                |
| 90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>  | <b>\$0.00</b>                      |                                |
| 91. <b>Total.</b> Add lines 80 through 90 for each column   | <b>\$51,312.00</b>                 | <b>\$0.00</b>                  |
| 92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92                                  |                                    | <b>\$51,312.00</b>             |

**Fill in this information to identify the case:**

Debtor name **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

**Be as complete and accurate as possible.**

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Fill in this information to identify the case:**

Debtor name **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

|     |  |   | Total claim        | Priority amount |
|-----|--|---|--------------------|-----------------|
| 2.1 | Priority creditor's name and mailing address<br><b>IRS</b><br><b>P.O. Box 7346</b><br><b>Philadelphia, PA 19101</b>  | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$19,519.27</b> | <b>\$0.00</b>   |
|     | Date or dates debt was incurred<br><br>Last 4 digits of account number<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)                                  | Basis for the claim:<br><b>Taxes</b><br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                 |
| 2.2 | Priority creditor's name and mailing address<br><b>State of New Jersey</b><br><b>Division of Employer Accounts</b><br><b>P. O. Box 059</b><br><b>Trenton, NJ 08646-0059</b>            | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$91.46</b>     | <b>\$91.46</b>  |
|     | Date or dates debt was incurred<br><b>12/31/2020</b><br><br>Last 4 digits of account number <b>8318</b><br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Basis for the claim:<br><b>Division of labor</b><br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                 |

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

|        |  |                              |
|--------|--|------------------------------|
| Debtor | <b>Estela Guerrero DDS as successor of Passaic Family Dental, LLC</b><br><small>Name</small> | Case number (if known) _____ |
|--------|--|------------------------------|

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|     |  |   |
|-----|--|---|
| 3.1 | Nonpriority creditor's name and mailing address<br><b>AGL Inhalation Therapy Co.</b><br><b>600 Route 46 West</b><br><b>Clifton, NJ 07015</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0105</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$133.28</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Oxygen and Hazardous Materials.</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|--|---|

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|     |  |   |
|-----|--|---|
| 3.2 | Nonpriority creditor's name and mailing address<br><b>American Express Business</b><br><b>P. O. Box 1270</b><br><b>Newark, NJ 07101-1270</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>3004</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$1,406.45</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>credit card purchases</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|--|---|

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|     |   |   |
|-----|---|---|
| 3.3 | Nonpriority creditor's name and mailing address<br><b>Business Gold Rewards</b><br><b>American Express</b><br><b>P.O. Box 1270</b><br><b>Newark, NJ 07101</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>3004</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$1,961.06</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Credit Card Purchases</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|---|

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|     |  |  |
|-----|--|--|
| 3.4 | Nonpriority creditor's name and mailing address<br><b>BWS Solutions, LLC</b><br><b>9980 South 300 West</b><br><b>Suite 200</b><br><b>Sandy, UT 84070</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$15,000.00</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Service Agreement</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|--|--|

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|     |  |  |
|-----|--|--|
| 3.5 | Nonpriority creditor's name and mailing address<br><b>Chase Credit Card N.A.</b><br><b>JP Morgan Chase</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7857</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$15,999.79</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Credit Card Purchases</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|--|--|

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|     |   |  |
|-----|---|--|
| 3.6 | Nonpriority creditor's name and mailing address<br><b>Geraldo Polanco, Jr. Dr.</b><br><b>26 West 184th Street</b><br><b>1st Floor</b><br><b>Bronx, NY 10468</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Any claims arising from implant's patients</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|--|

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|     |   |  |
|-----|---|--|
| 3.7 | Nonpriority creditor's name and mailing address<br><b>Geraldo Polanco, Sr.</b><br><b>26 West 184th Street</b><br><b>1st Floor</b><br><b>Bronx, NY 10468</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$60,000.00</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>invested in the dental business</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|--|

|        |  |                              |
|--------|--|------------------------------|
| Debtor | <b>Estela Guerrero DDS as successor of Passaic Family Dental, LLC</b><br><small>Name</small> | Case number (if known) _____ |
|--------|--|------------------------------|

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|     |  |  |
|-----|--|--|
| 3.8 | Nonpriority creditor's name and mailing address<br><b>NJ Department of Treasury<br/>                 Division of Revenue<br/>                 P.O. Box 417<br/>                 Trenton, NJ 08646</b><br><br>Date(s) debt was incurred <u>12/4/2022</u><br>Last 4 digits of account number <u>6900</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$92.00</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Renewal Fee for XRay Compliance</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|--|--|

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|     |  |  |
|-----|--|--|
| 3.9 | Nonpriority creditor's name and mailing address<br><b>Optimum<br/>                 P. O Box 70340<br/>                 Philadelphia, PA 19176</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>1010</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$630.00</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Internet and telephone</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|--|--|

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|      |  |   |
|------|--|---|
| 3.10 | Nonpriority creditor's name and mailing address<br><b>Passaic City<br/>                 Fire Prevention Bureau<br/>                 330 Passaic Street<br/>                 Passaic, NJ 07055</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>3776</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$50.00</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Block/lot 2180/9</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|---|

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|      |  |   |
|------|--|---|
| 3.11 | Nonpriority creditor's name and mailing address<br><b>Passaic Kids Realty, LLC<br/>                 9 Deer Trail Ct.<br/>                 Ringwood, NJ</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$14,380.00</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>rental December 2022 to April 2023</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|---|

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|      |  |  |
|------|--|--|
| 3.12 | Nonpriority creditor's name and mailing address<br><b>PSE&amp;G<br/>                 80 Park Plaza<br/>                 P.O. Box 14444<br/>                 New Brunswick, NJ 08906</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>5404</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$1,472.87</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Utility bills</u><br><u>Estela Guerrero DDS, LLC</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|--|

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|      |  |  |
|------|--|--|
| 3.13 | Nonpriority creditor's name and mailing address<br><b>SMS Financial Recovery Service<br/>                 c/o Adam S. Rosengard, Esq.<br/>                 Eisenberg, Gold &amp; Agrawal, PC<br/>                 1040 N. Kings Highway, Suite 200<br/>                 Cherry Hill, NJ 08034</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7522</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$490,000.00</b></span><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>SMS Financial Recovery Services, LLC v. Passaic Family Dental, LLC, Estela Guerrero, DDS, LLC as successor in interest to Passaic Family Dental, LLC</u><br><u>Judgement J-127460-15</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|--|



Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC** Case number (if known) \_\_\_\_\_  
Name

3.14 Nonpriority creditor's name and mailing address **The Hanover Insurance Company**  
**P.O. Box 580045**  
**Charlotte, NC 28258**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **8001**  
As of the petition filing date, the claim is: Check all that apply. **\$101.67**  
☐ Contingent  
☒ Unliquidated  
☐ Disputed  
Basis for the claim: **Insurance for Estela Guerrero DDS, LLC**  
Is the claim subject to offset? ☒ No ☐ Yes

3.15 Nonpriority creditor's name and mailing address **US Small Business Administration**  
**2719 North Air Fresno Drive**  
**Suite 107**  
**Fresno, CA 93727-1547**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **8001**  
As of the petition filing date, the claim is: Check all that apply. **\$70,000.00**  
☐ Contingent  
☒ Unliquidated  
☐ Disputed  
Basis for the claim: **Disaster Covid-19 Economic Injury**  
Is the claim subject to offset? ☒ No ☐ Yes

3.16 Nonpriority creditor's name and mailing address **Visa Ink**  
**P. O. Box 6294**  
**Carol Stream, IL 60197**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **7857**  
As of the petition filing date, the claim is: Check all that apply. **\$16,000.00**  
☐ Contingent  
☒ Unliquidated  
☐ Disputed  
Basis for the claim: **Credit Card purchases**  
Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

|     | Name and mailing address  | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|---|--|---|
| 4.1 | <b>Passaic Kids Realty, LLC</b><br><b>913 Main Avenue</b><br><b>Passaic, NJ 07055</b> | Line <b>3.11</b><br><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

|   | Total of claim amounts |
|---|------------------------|
| 5a. Total claims from Part 1                      | \$ <b>19,610.73</b>    |
| 5b. Total claims from Part 2                      | \$ <b>687,227.12</b>   |
| 5c. Total of Parts 1 and 2<br>Lines 5a + 5b = 5c. | \$ <b>706,837.85</b>   |

**Fill in this information to identify the case:**

Debtor name **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Office lease from 12/25/2019 for 10 year lease ending on 12/25/2029**

State the term remaining **6 years**

List the contract number of any government contract \_\_\_\_\_

**Passaic Kids Realty, LLC  
9 Deer Trail Ct.  
Ringwood, NJ**

**Fill in this information to identify the case:**

Debtor name Estela Guerrero DDS as successor of Passaic Family Dental, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

| Name      | Mailing Address  | Name  | Check all schedules that apply:  |
|-----------|--|-------|--|
| 2.1 _____ | Street _____<br>_____<br>City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.2 _____ | Street _____<br>_____<br>City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.3 _____ | Street _____<br>_____<br>City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.4 _____ | Street _____<br>_____<br>City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |

**Fill in this information to identify the case:**

Debtor name Estela Guerrero DDS as successor of Passaic Family Dental, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**For prior year:**  
From 1/01/2022 to 12/31/2022

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

\$126,401.00

**For year before that:**  
From 1/01/2021 to 12/31/2021

☒ Operating a business  
☐ Other \_\_\_\_\_

\$68,471.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**

Case number (if known)

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

| Insider's name and address<br>Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|-------|-----------------------|---------------------------------|
|--|-------|-----------------------|---------------------------------|

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

|      | Case title<br>Case number   | Nature of case   | Court or agency's name and address  | Status of case  |
|------|---|--|---|---|
| 7.1. | <b>SMS Financial Recovery Services, LLC<br/>v<br/>Passaic Family Dental, LLC;<br/>Estela Guerrero DDS, LLC as<br/>successor in interest to<br/>Passaic Family Dental, LLC<br/>PAS-L-2975-22 - J 127460-15</b> | <b>Contract<br/>Judgement for<br/>\$488,049.76<br/>entered on<br/>02/03/2023</b> | <b>Superior Court of New<br/>Jersey<br/>71 Hamilton Street<br/>Paterson, NJ 07505</b> | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|---|-------------|-------|
|------------------------------|---|-------------|-------|

Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**

Case number (if known)

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss  | Dates of loss | Value of property lost |
|--|---|---------------|------------------------|
|  | If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.<br><br>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). |               |                        |

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

| Who was paid or who received the transfer?<br>Address   | If not money, describe any property transferred | Dates             | Total amount or value |
|---|---|-------------------|-----------------------|
| 11.1. <b>Tomas Espinosa, Esq.</b><br><b>8324 Kennedy Blvd.</b><br><b>2nd Floor</b><br><b>North Bergen, NJ 07047</b> | <b>Attorney Fees</b>                            | <b>03/12/2023</b> | <b>\$1,835.00</b>     |
| Email or website address<br><b>te@lawespinosa.com</b>   |   |                   |                       |
| Who made the payment, if not debtor?  |   |                   |                       |

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

| Who received transfer?<br>Address | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-----------------------------------|--|------------------------|-----------------------|
|-----------------------------------|--|------------------------|-----------------------|

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**

Case number (if known)

Address

Dates of occupancy  
From-To

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.  
☒ Yes. State the nature of the information collected and retained.

**Patients' records that doctor uses and has to maintain per law and HIPPA regulations**

Does the debtor have a privacy policy about that information?

- ☐ No  
☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.  
☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Do you still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**

Case number (if known)

☐ None

Facility name and address

Names of anyone with  
access to it

Description of the contents

Do you still  
have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**☐ No.☐ Yes. Provide details below.Case title  
Case numberCourt or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed



Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC** Case number (if known)

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

| Name and address  | Date of service<br>From-To |
|---|----------------------------|
| 26a.1. <b>Luis Rodriguez CPA, PLLC</b><br><b>532 City Island Avenue</b><br><b>Bronx, NY 10464</b> |                            |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

| Name and address | If any books of account and records are<br>unavailable, explain why |
|------------------|---|
|------------------|---|

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

| Name and address |
|------------------|
|------------------|

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|---|-------------------|--|
|---|-------------------|--|

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

| Name                      | Address  | Position and nature of any interest | % of interest, if any |
|---------------------------|--|-------------------------------------|-----------------------|
| <b>Estela D. Guerrero</b> | <b>266 Fort Lee Road</b><br><b>Teaneck, NJ 07666</b> | <b>solemember</b>                   | <b>100%</b>           |

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

☒ No

☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Debtor **Estela Guerrero DDS as successor of Passaic Family Dental, LLC** Case number (if known)

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|--|-------|--------------------------------|
|-------------------------------|--|-------|--------------------------------|

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|
|--------------------------------|--|

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

| Name of the pension fund | Employer Identification number of the parent corporation |
|--------------------------|--|
|--------------------------|--|

#### Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 2, 2023**

**/s/ Estela Guerrero**  
Signature of individual signing on behalf of the debtor

**Estela Guerrero**  
Printed name

Position or relationship to debtor **Sole member**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
District of New Jersey**

In re **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**  
Debtor(s)

Case No.  
Chapter **7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |    |                        |
|---|----|------------------------|
| For legal services, I have agreed to accept .....           | \$ | <u><b>3,335.00</b></u> |
| Prior to the filing of this statement I have received ..... | \$ | <u><b>1,835.00</b></u> |
| Balance Due .....   | \$ | <u><b>1,500.00</b></u> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**May 2, 2023**

*Date*

**/s/ Tomas Espinosa**

**Tomas Espinosa 025691985**

*Signature of Attorney*

**Tomas Espinosa, Esq.**

**8324 Kennedy Blvd.**

**2nd Floor**

**North Bergen, NJ 07047**

**201.223.1803 Fax: 201.223.1893**

**te@lawespinosa.com**

*Name of law firm*

**United States Bankruptcy Court  
District of New Jersey**

In re **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

I, the Sole member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 2, 2023**

**/s/ Estela Guerrero**  
**Estela Guerrero/Sole member**  
Signer/Title

AGL Inhalation Therapy Co.  
600 Route 46 West  
Clifton, NJ 07015

American Express Business  
P. O. Box 1270  
Newark, NJ 07101-1270

Business Gold Rewards  
American Express  
P.O. Box 1270  
Newark, NJ 07101

BWS Solutions, LLC  
9980 South 300 West  
Suite 200  
Sandy, UT 84070

Chase Credit Card N.A.  
JP Morgan Chase

Geraldo Polanco, Jr. Dr.  
26 West 184th Street  
1st Floor  
Bronx, NY 10468

Geraldo Polanco, Sr.  
26 West 184th Street  
1st Floor  
Bronx, NY 10468

IRS  
P.O. Box 7346  
Philadelphia, PA 19101

NJ Department of Treasury  
Division of Revenue  
P.O. Box 417  
Trenton, NJ 08646

Optimum  
P. O Box 70340  
Philadelphia, PA 19176

Passaic City  
Fire Prevention Bureau  
330 Passaic Street  
Passaic, NJ 07055

Passaic Kids Realty, LLC  
913 Main Avenue  
Passaic, NJ 07055

Passaic Kids Realty, LLC  
9 Deer Trail Ct.  
Ringwood, NJ

PSE&G  
80 Park Plaza  
P.O. Box 14444  
New Brunswick, NJ 08906

SMS Financial Recovery Service  
c/o Adam S. Rosengard, Esq.  
Eisenberg, Gold & Agrawal, PC  
1040 N. Kings Highway, Suite 200  
Cherry Hill, NJ 08034

State of New Jersey  
Division of Employer Accounts  
P. O. Box 059  
Trenton, NJ 08646-0059

The Hanover Insurance Company  
P.O. Box 580045  
Charlotte, NC 28258

US Small Business Administration  
2719 North Air Fresno Drive  
Suite 107  
Fresno, CA 93727-1547

Visa Ink  
P. O. Box 6294  
Carol Stream, IL 60197

**United States Bankruptcy Court  
District of New Jersey**

In re **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Estela Guerrero DDS as successor of Passaic Family Dental, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Estela Guerrero**  
**218 Autumn Street**  
**2nd Floor**  
**Passaic, NJ 07055**

☐ None [*Check if applicable*]

**May 2, 2023**

Date

**/s/ Tomas Espinosa**

**Tomas Espinosa 025691985**

Signature of Attorney or Litigant

Counsel for **Estela Guerrero DDS as successor of Passaic Family Dental, LLC**

**Tomas Espinosa, Esq.**

**8324 Kennedy Blvd.**

**2nd Floor**

**North Bergen, NJ 07047**

**201.223.1803 Fax:201.223.1893**

**te@lawespinosa.com**

**United States Bankruptcy Court  
District of New Jersey**

In re **Estela Guerrero DDS as sucessor of Passaic Family Dental, LLC**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **7**

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, **Estela Guerrero**, declare under penalty of perjury that I am the **Sole member** of **Estela Guerrero DDS as sucessor of Passaic Family Dental, LLC**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the \_\_ day of \_\_, 20\_\_.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Estela Guerrero, Sole member** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 7 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Estela Guerrero, Sole member** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Estela Guerrero, Sole member** of this Corporation is authorized and directed to employ **Tomas Espinosa 025691985**, attorney and the law firm of **Tomas Espinosa, Esq.** to represent the corporation in such bankruptcy case."

Date **May 2, 2023**

Signed \_\_\_\_\_

**Estela Guerrero**



Resolution of Board of Directors  
of  
**Estela Guerrero DDS as sucessor of Passaic Family Dental, LLC**

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Estela Guerrero, Sole member** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 7 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Estela Guerrero, Sole member** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Estela Guerrero, Sole member** of this Corporation is authorized and directed to employ **Tomas Espinosa 025691985**, attorney and the law firm of **Tomas Espinosa, Esq.** to represent the corporation in such bankruptcy case.

Date **May 2, 2023** \_\_\_\_\_

Signed \_\_\_\_\_

Date **May 2, 2023** \_\_\_\_\_

Signed \_\_\_\_\_